



2127

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Van Dyke et al.
Serial No.: 09/484,549
Filing Date: January 18, 2000
Confirmation No.: 9816

Examiner: S. Ali
Art Unit: 2127
Our File No.: 0100.9901080
Docket No.: 00100.00.0108

Title: **METHOD AND APPARATUS FOR DYNAMIC ALLOCATION OF PROCESSING RESOURCES**

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
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Date

Timothy J. Bechen

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AMENDMENT AND RESPONSE

Technology Center 2100

Dear Sir:

In response to the Office Action mailed January 30, 2004, Applicants submit the following amendment and response.

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks begin on page 6 of this paper.



PTO/SB/21 (08-03)

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FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/484,549
	Filing Date	1/18/00
	First Named Inventor	Van Dyke et al.
	Art Unit	2127
	Examiner Name	S. Ali
Total Number of Pages in This Submission	Attorney Docket Number	0100.9901080

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Timothy J. Bechen Reg. No. 48,126
Signature	
Date	4/30/04

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